



April 2007

Dear Michigan Dental Program (MDP) Applicant:

The following pages of this informational packet will assist you and/or a representative in completing the open enrollment application for the MDP. Please read through the instructions prior to filling out the application to ensure timely processing.

Please keep in mind that all applications being submitted via mail or fax must be postmarked and/or received by no later than June 30, 2007. Late applications will not be accepted.

The MDP program is grant funded and is only available as funding allows. It is not an insurance program and you must begin seeking care at a participating dental provider when approved. Failure to access care may risk your eligibility for the program. If you are having problems accessing care or doing so in a timely manner, please contact the MDP office immediately for assistance.

The goal of the MDP is to help you increase and maintain your oral health. This will require an investment of your time and energy working with the MDP office and dental office staff. The long and short term benefits of working together will not only positively impact your oral health, but also more importantly, your overall health.

I encourage you to contact the MDP office if you have any questions at 1-888-826-6565. MDP staff is available Monday – Friday, 8am to 5pm.

Sincerely,

Chris Hanson, Coordinator  
Michigan Dental Program  
HAPIS-DHWDC-MDCH

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
MICHIGAN DENTAL PROGRAM  
ELIGIBILITY CRITERIA – FY2007**

To receive assistance from the Michigan Dental Program (MDP), applicants must meet the following criteria:

- A. Applicant must provide documentation of HIV disease. (see page 5)
- B. Applicant must be a resident of the State of Michigan.
- C. In some cases, applicant must have applied for public assistance (Medicaid\*\*\* and/or Adult Benefits Waiver program) with the Department of Human Services (DHS) within the past 90 days and have a pending, denial, or spend-down status. (Please see page 4 for more information on your eligibility requirements.)
- D. Applicant's gross income cannot exceed 450% of the Federal Poverty Level (F.P.L.) and will be evaluated based on F.P.L guidelines in effect when MDP receives your completed application.

450% of the current F.P.L. (As of January 24, 2007)

Earned Income and/or Unearned Income (income from employment or self-employment, SSI, SSDI, disability etc.)

<u>Family size</u>	<u>You can earn this per month:</u>
1	\$3,828.75
2	\$5,133.75
3	\$6,438.75
4	\$7,743.75
5	\$9,048.75

\*\*\*All persons who are eligible for Medicaid and wish to receive additional assistance from the MDP must access dental care from a Medicaid dental provider.

If you are currently receiving medical and prescription coverage under the Adult Medical Program/Adult Benefits Waiver (AMP/ABW) case, you may apply for assistance from the MDP for your dental care.

If you have Private Dental Insurance (Delta Dental, BC/BS, etc.) you are not eligible for the MDP.

If you are a veteran and eligible for VA dental coverage you are not eligible for the MDP.

## APPLICATION INSTRUCTIONS

To determine your eligibility for assistance you must do the following:

- ☐ 1. Complete the application in its entirety.
- ☐ 2. Read, sign, and date page 2 of the application. Provide specific name(s) of person(s) the MDP can speak to pertaining to your eligibility and access to dental services.
- ☐ 3. If you are currently enrolled in the Drug Assistance Program, please write in your DAP subscriber ID (found on your RxAmerica card) in the appropriate place as listed on the application.

- ☐ 4. Income and Medicaid eligibility verification:

Submit Proof of Income- proof of income can be submitted in one or more of the following ways:

- a) the most recent month's pay stubs showing gross (pre-tax) weekly, bi-weekly, monthly income (a 4 week, 30 day period);
- b) notice of award for SSI or SSDI; and/or
- c) bank statement showing regular SSI, SSDI, and/or pension or retirement.
- d) If you do not have an income and/or report -0- in the income field on page one of the application, you must have applied for Medicaid and/or the Adult Medical Program (AMP) at your local Department of Human Services (DHS)\*\*\* within the last six (6) calendar months prior to submitting your application to the MDP office.

\*\*\*Your DHS assistance application must be in pending, denied, or spendown status. **Do not submit your MDP application until your DHS, Medicaid or Adult Medical Program application is pending. Please note that if you are approved for Medicaid, you must seek dental services from a Medicaid dental provider.** \*\*\*

- ☐ 5. If you have private health insurance, submit a photocopy of your health insurance card.
- ☐ 6. Provide proof of HIV status. See page 3 for acceptable documentation of HIV status. Please include your recent lab results on your application. If you are currently on the Drug Assistance Program please indicate so by checking "yes" and include your DAP subscriber ID on page 1 of the application. MDP staff will reference your file for proof of HIV status. If you are not currently on the DAP program, submit proof of HIV status as listed on page 5.
- ☐ 7. Mail or fax your completed application and all supporting documentation to the address or fax number listed on page 5.

## **PROOF OF HIV STATUS**

As a condition of funding, all clients applying for MDP assistance must provide documentation of HIV status at enrollment.

New members must provide proof of HIV status in one or more of the following ways:

Laboratory Results (computer generated) showing:

1) Western Blot test with positive or reactive result

and/or

2) HIV RNA/Viral Load - must be detectable beyond the specific test's lowest reference range

If lab reports are not yet available as described above, an original doctor's signature on the application is acceptable, with your lab results to follow when available. A nurse practitioner, RN, or LPN signature is not considered acceptable proof of HIV diagnosis

## **IF YOU ARE APPROVED FOR MDP ASSISTANCE**

If you are approved for MDP assistance you will receive notification by mail within 14 days from the date the MDP received your completed application and all supporting documentation.

**You must attempt to access dental care within the first 30 days of approval. If you do not currently have a dentist/dental provider, please contact your case manager or call the MDP at 1-888-826-6565. Failure to access dental care within the first 30 days may result in you being taken off the program. If you are taken off the program you will not be allowed to apply again until the next open enrollment period.**

**If you are eligible for Medicaid you must seek care from a Medicaid provider.**

**All treatment, except for your initial visit, x-rays, and routine cleanings, must be submitted by your dentist and pre-approved by the MDP. Approval of all treatment plans will be based on availability of program resources and by addressing the best long term care option for you, the patient (recommended by your dentist), taking into consideration your ability to maintain care.**

## **IF YOU ARE DENIED FOR MDP ASSISTANCE**

If you are denied for MDP assistance you will be notified by mail within 14 days from the date the MDP receives your completed application and all supporting documentation.

## **IMPORTANT CONTACT INFORMATION**

Michigan Dental Program (MDP) applications and other correspondence can be mailed or faxed to:

Michigan Dental Program  
109 Michigan Ave.  
9<sup>th</sup> Floor  
Lansing, Michigan 48913

Fax Number 517-335-7723

Toll Free Phone # 1-888-826-6565

### Other Important Number(s)

Department of Human Services (DHS)  
HIV/AIDS Advocacy Services  
Ken Pape at 1-877-342-2437

***Applicants who do not meet all criteria may apply for the program, and must include a letter of special request stating the reason(s) that the MDP should consider the applicant as an exception to the established criteria.***

## MICHIGAN'S HIV/AIDS CASE MANAGEMENT AGENCIES

### AIDS PARTNERSHIP MICHIGAN

2751 East Jefferson  
Suite 301  
Detroit, MI 48207  
Phone: (313) 446-9800  
Fax: (313) 446-9839

### BAY AREA SOCIAL INTERVENTION SERVICES, INC..

515 Adams  
Bay City, MI 48708-6527  
Phone: (989) 894-2991  
Fax: (989) 895-7669

### COMMUNITY AIDS RESOURCE AND EDUCATION SERVICES

629 Pioneer Street  
Kalamazoo, MI 49007-4120  
Phone: (269) 381-2437 or (800) 994-  
2437  
Fax: (269) 381-4050

### COMMUNITY AIDS RESOURCE AND EDUCATION SERVICES – BENTON HARBOR

P.O. Box 8822  
Benton Harbor, MI 49103-8822  
Phone: (269) 927-2437  
Fax: (269) 927-4992

### COMMUNITY HEALTH AWARENESS GROUP

1300 West Fort Street  
Detroit, MI 48226  
Phone: (313) 963-3434  
Fax: (313) 963-1832

### DISTRICT HEALTH DEPT. #10

916 Diana Street  
Ludington, MI 48431  
Phone: (231) 845-7381  
Fax: (231) 845-0438

### HIV/AIDS RESOURCE CENTER

3075 Clark Road  
Suite 203  
Ypsilanti, MI 48197  
Phone: (734) 572-9355  
Fax: (734) 572-0554

### MARQUETTE CO. HEALTH DEPT.

184 U.S. Hwy. East  
Negaunee, MI 49866  
Phone: (906) 475-7651  
Fax: (906) 475-4435

### LANSING AREA AIDS NETWORK

913 West Holmes  
Suite 115  
Lansing, MI 48910  
Phone: (517) 394-3560  
Fax: (517) 394-1298

### MCAULEY CLINIC

ST. MARY'S HEALTH CARE  
245 Cherry Street S.E., Suite 306  
Grand Rapids, MI 49503  
Phone: (616) 913-8200 or (888) 800-7010  
Fax: (616) 774-0158

### MC CLEES CLINIC/HACKLEY HOSPITAL

1700 Clinton Street, Central 2  
Muskegon, MI 49442  
Phone: (231) 727-5571  
Fax: (231) 728-5674

### ST. CLAIR CO. HEALTH DEPT.

3415 28<sup>th</sup> Street  
Port Huron, MI 48060  
Phone: (810) 987-5300  
Fax: (810) 985-4487

### THOMAS JUDD CARE CENTER/ MUNSON HOSPITAL

1221 Sixth Street  
Suite 206  
Traverse City, MI 49684  
Phone: (231) 935-5085  
Fax: (231) 935-5093

VISITING NURSE OF SE MICHIGAN  
25900 Greenfield Rd.  
Suite 600  
Oak Park, MI 48237  
Phone: (248) 967-8320  
Fax: (248) 967-8720

WELLNESS AIDS SERVICES, INC.  
311 East Court Street  
Flint, MI 48502  
Phone: (810) 232-0888  
Fax: (810) 232-2418

DEAF COMMUNITY ADVOCACY  
NETWORK  
2111 Orchard Lake Road  
Suite 101  
Sylvan Lake, Michigan 48320  
Phone: (248) 332-3331  
TTY: (248) 332-3323  
Fax: (248) 332-7334